

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-030550

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 116Primary Registration District No. 3020Registrar's No. 183

FILED SEP 11 1962

1. PLACE OF DEATH

a. COUNTY FRANKLINb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN WASHINGTONLength of stay in 1b
6 WEEKSc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 415 W 3rdInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MOb. COUNTY FRANKLINc. CITY OR TOWN WASHINGTONInside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
603 W 3rdReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

GRAYCE LUCIELLE BECK

4. DATE OF DEATH

Month

Day

Year

SEPT 1- 1962

5. SEX

FEMALE

6. COLOR OR RACE

WHITE7. Married ☐ Never Married ☐
Widowed ☐ Divorced ☒

8. DATE OF BIRTH

9. AGE (last birthday)

IF UNDER 1 YEAR

IF UNDER 24 HR

3-13-191052-5-18

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

SHOE WORKER

10b. KIND OF BUSINESS OR INDUSTRY

INTERNATIONAL SHOE LEASBURG-MO

11. BIRTHPLACE (City and state or country)

U.S.A

13a. FATHER'S NAME

Michael McBriarty

13b. MOTHER'S MAIDEN NAME

MARGARET VOTAW

14. NAME OF HUSBAND OR WIFE

DIVORCED15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)No

16. SOCIAL SECURITY NO.

17. INFORMANT

8 Mrs. Paul MOOSMANNAddress Washington Mo

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinoma, Generalized

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Primary in sigmoid colon

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

2 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Aug 14 60 to Sept 1, 1962 and last saw her/him alive on Aug 30, 1962
Death occurred at 12:25 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE REC'D. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 12 1962

SEP 12 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Vernon S. Wedder

Licensed Embalmer No. 5031
P. O. Address Washington D.C.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.